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ABSTRACT

Explained is the development of the New England Educational Diagnostic Centre (N.E.E.D. Centre), an assessment and intervention center for children referred for academic, behavioral, communication, and/or developmental problems, with special emphasis on preschoolers. Outlined is information on the program's management and administration; programs (which include case work, training activities, consultation, early intervention programs, and research) and proposed developments of the center. Appended are charts showing program organization and lists of board members and professional staff. (SBH)

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AUSTRALIAN PSYCHOLOGICAL SOCIETY

ELEVENTH ANNUAL CONFERENCE

ARMIDALE: 1976

NEW ENGLAND EDUCATIONAL DIAGNOSTIC CENTRE

EARLY INTERVENTION PROGRAMMING

Jim Irvine

Secretary: N.E.E.D. Centre

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NEW ENGLAND EDUCATIONAL DIAGNOSTIC CENTRE

EARLY INTERVENTION PROGRAMMING

ABSTRACT

On the basis of a Schools Commission grant of \$40,650 and continuing negotiations among the five co-operating bodies, the New England Educational Diagnostic Centre (N.E.E.D. Centre) evolved during 1975 and became fully operational in 1976.

N.E.E.D. Centre is currently operating primarily as an assessment and intervention centre for children referred for academic, behavioural, communication and/or developmental problems. Case work is conducted along data-based intervention lines involving, as far as possible, all significant agencies in the assessment, intervention and follow-up phases. Some students from A.C.A.E. and the U.N.E. are involved in remedial tutoring, adult tutoring, psychoeducational assessment and research through the Centre, giving it the added functions of a training, resource and research centre for special education.

By invitation and referral, the work with preschoolers has become a major focus. Currently, staff members are refining assessment procedures and intervention programmes for developmentally handicapped and language impaired youngsters, which can be carried out by parents and/or preschool teachers using "contractual", data-based programmes monitored by the Centre. It is hoped that recent kindergarten screening can be extended geographically to include other localities and extend developmentally to screen "at risk" children from birth onwards. In this task existing community resources will be crucial, while N.E.E.D. Centre's anticipated linkage to the PDP 11T/34 computing resources at the Centre for Behavioural Studies at U.N.E. is expected to facilitate intended assessment and intervention programmes.

The unusual scope, administration, case-management procedures, resources and supportive ancillary functions of the N.E.E.D. Centre may be of interest of psychologists concerned with the delivery of services and/or professional training in special education.

I The Evolution of the N.E.E.D. Centre

Until the 1970's, exceptional children in the North-West Education/New England Health Region of N.S.W. had been minimally catered for. Diagnosis necessitated travel to Sydney with inevitable interruption to family and educational routines. For more severe handicaps, educational services often took the form of long-term residential placement in special schools or hospitals remote from home communities.

In 1971, the Queenscliff Diagnostic Unit for Country Children began to provide an integrated educational, medical and psychological assessment service for country children, relying on community resources and occasional Queenscliff team visits for the implementation of special programmes. Education authorities continued to expand special class, resource and counselling provisions, while the Health Commission began to establish community health teams throughout the region.

In Armidale, the Armidale and District Learning Difficulties Association was formed as a reflection of growing public concern for children with learning difficulties who might not be catered for by existing school programmes. Under the aegis of the A.D.L.D.A., a Clinic for Learning Difficulties was established, having a room, clerical assistance and routine audiometric and visual screening provided by the Rehabilitation Unit at the Armidale and New England hospital. Diagnostic work was carried out on a part-time basis by volunteers from the College and the University, while remedial tutoring was again a voluntary, part-time contribution by lecturers, teachers and special education students.

By 1974, it became clear that the demands for assistance with communication, developmental, behaviour and learning problems could not be met on a part-time, voluntary basis. When closure of the Clinic was imminent, the A.D.L.D.A. asked the Councils of the University and the A.C.A.E. to consider jointly operating a full-time training clinic. Early in 1974, a planning committee was established, having representatives from the A.D.L.D.A., the College, the University, the Health Commission and the co-opted help of Armidale's two school counsellors. This committee prepared a detailed proposal to operate a multi-disciplinary, co-operatively administered, permanent centre.

A detailed submission outlining this proposal was forwarded in July, 1974 to the Australian Schools Commission, seeking almost \$80,000 in financial support under the "Innovative Grants Programme". Negotiations with co-operating bodies continued during 1974 and further support ensued. The Principal and Council of the C.A.E. offered a substantial brick dwelling in the grounds of the C.A.E. as a base, the University and the C.A.E. accepted the part-time involvement of lecturing staff as part of regular teaching responsibilities, the Regional Director of Health offered to locate the proposed regional child health team at Armidale, and the Regional Director of Education offered to appoint a full-time resource teacher at the Centre.

These developments enabled the Planning Committee to prepare and forward in November, 1974 a "Revised Submission" to the Australian Schools Commission, outlining a greatly enhanced operation and seeking only \$40,650 over 1975-1977 for major renovation work, furniture, equipment and materials.

The Australian Schools Commission fully supported the proposal and in April, 1975 the initial payment was received. Building renovation work continued during the latter half of 1975. The Planning Committee was enlarged and reconstituted as a Board of Directors and the clinic renamed the "New England Educational Diagnostic Centre" (N.E.E.D. Centre).

Case work continued in the field, while planning and negotiation were directed towards the goal of a fully operational Centre in 1976. Until 1975, case work had been conducted along traditional clinic lines. Several hours of psychoeducational testing, and interview and referral data were integrated into a formal report which included specific intervention recommendations.

Whenever possible, interventions in situ were recommended to ensure that children were not labelled, classified nor transferred to a special class or school but continued in regular schools or preschools, possibly tutored by a student or teacher. Although this is consistent with contemporary special education thinking (Dunn, 1973) there was no direct means of ensuring that recommendations were feasible, nor could we require follow-up data from referral sources.

Our growing dissatisfaction with this approach to case management was reinforced by consultations with Dr. Bernie Thorley and Greg Hotchkiss of Macquarie University, Professor Norris Haring and Sheila Fox of the Special Education Unit at the University of Washington, and with Dr. Owen Spencer and Greg McIntyre of the N.S.W. Health Commission.¹ As a consequence of these experiences, an attempt was made to incorporate data-based principles and contractual accountability into 1975 case work.² This approach demands constant monitoring, flexibility, commitment, insight and resourcefulness. In the current operation of the Centre, procedures for data-based management of the heterogeneity of presenting problems are still evolving.

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1. Our indebtedness to these six innovative special educators is acknowledged with sincere gratitude.
 2. This approach is consistently used in the *Journal of Applied Behaviour Analysis*, and is illustrated in papers by Becker et.al. (1971); Hall (1971); Reith and Hall (1974); Thorley (1974).

II Current Operation of the N.E.E.D. Centre

A. Management and Administration

In accordance with the proposal accepted by the Australian Schools Commission, responsibility for the implementation of the \$40,650 grant over 1975-1977 rests with a Board of Directors consisting of two representatives from each of the five co-operating bodies (A.D.L.D.A., A.C.A.E., U.N.E., Health Commission, Department of Education), the Director and the Secretary of the Centre (appointed by the four co-ordinators), a Legal Adviser and an Accountant. These 14 Directors are responsible for matters of general policy, finance, maintenance and planning. (Appendix A)

The unique partnership of two tertiary training institutions, two state government departments and a community association in an independently established venture required a high level of management. Co-operating bodies are represented at a very senior level and this has resulted in very direct communication and excellent support from all parties. (Appendix B)

At the professional level, day-to-day management is the responsibility of the Director, who is elected annually from the four co-ordinators. Co-ordinators meet fortnightly to resolve issues such as demarcation of responsibilities, supply of materials and equipment, co-ordination of symposia and conferences, and perhaps most importantly to follow-up allegations of inadequate co-operation from professional staff throughout the region in the provision of reports or follow-up data, or in the implementation of programmes. Industrial matters are handled directly between staff members and the respective co-ordinator.

The staff of the Centre are not all employed on a full-time basis. Health Commission employees have responsibilities for service to clients in the northern half region, whereas the resource teacher's responsibilities are primarily within the Armidale district. (Appendix C)

B. Programmes

In overview, the current activities of the Centre include case work, training, consultation and research in special education. (Appendix D)

1. Case Work

The delivery of special educational services is the central concern of the N.E.E.D. Centre. Because of the unusual approaches taken with regard to referrals and case management, a brief resume of procedures is useful.

(a) Referrals

Cases may be referred by medical practitioners, teachers, counsellors, community health teams, parents or by an intending client. Referrals may be made by telephone, by mail or by direct enquiry at the Centre. Relevant information is immediately entered onto a card and an initial interview with the social worker is generally scheduled at the time of referral. Children attending state schools are not seen until enquiries have been made by the resource teacher to the school via the appropriate school counsellor. For preschoolers, infants, independent school students and adults, communication is more direct.

(b) Case Management

Following referral and initial interview, a file is initiated and the case presented at the regular Wednesday morning case conference session. At this session, a case manager and other potential resource people are allocated. Necessary assessments are then carried out, while background information and a data-base are compiled.

An important feature of N.E.E.D. Centre's operation concerns the active involvement of all interested parties. In most cases, educational and/or health professionals and the child's parents are involved in the intervention phases. Where feasible, the child is also invited to be actively involved in his/her own progress, via data collection procedures.

N.E.E.D. Centre operates primarily in homes or classrooms with regard to the implementation of programmes which have been agreed to on a contractual basis.

Every Friday, from 11.00 a.m. to 1.00 p.m., cases are presented according to a pre-arranged schedule. All relevant professionals are invited to participate and it is the responsibility of case managers to prepare reports, charts and video/audio-tapes as appropriate. Modifications to the intervention programme are discussed and specific action plans noted on the file. Distinct advantages of data-based intervention work become readily apparent, viz:

- (i) appropriate "targets" or performance objectives must be specified in quantifiable terms;
- (ii) contributions of team members are focused on variables of major concern;
- (iii) effectiveness of intervention strategies can be economically assessed by reference to baseline or other intervention phases' data levels;
- (iv) case managers can readily communicate progress via the objective medium of graphed data;

- (v) the relative efficacy of different forms of intervention (e.g. programme, ratio or consequence changes) can be compared;
- (vi) accountability and research become integral features of all case work.

Equally apparent to date have been some of the disadvantages, viz:

- (i) some people are reluctant to attempt time-consuming data collection, particularly during the non-intervention initial baseline phase;
- (ii) subjective or clinical assessments of quality of behaviour are less readily translated into behavioural terms (e.g. in speech therapy or family therapy where professionals have had no previous training in behavioural programming);
- (iii) to professionals unfamiliar with pin-pointing, data-gathering and charting, the establishment of contractual programmes is initially very time-consuming.

(c) Referral Problems

To date, referrals have been of four major types; viz: learning/academic difficulties; communication problems; behaviour/management problems; developmental problems. Clients range in age from one year to mature adulthood. There are a large number of preschoolers being assisted with developmental and language programmes. Two classes of cases are ongoing: Type A, as described, and Type B, (school students referred by schools and adults seeking one-to-one tutoring assistance only). Multidisciplinary team work and formal case presentations are not used with Type B cases. The adult literacy programme, under the direction of Brian Preen, is of this type.

2. Training Activities

One of the major advantages of N.E.E.D. Centre is its large pool of students undertaking teacher-training or post-graduate research. Students from the A.C.A.E. taking a special education option in the third year are involved in one-to-one tutoring of Type B cases and occasionally Type A cases. Diploma in Education students at the U.N.E. are similarly involved. A small group of Diploma in Education students with undergraduate majors in psychology are involved in psychoeducational assessment work based at the Centre. This group undertakes screening/survey testing of large numbers of children in regular classes to identify children in need of more in-depth assessment or follow-up referral. As assessment and tutoring skills are developed, these students may become active case managers.

Post graduate research students are also involved in the work of the Centre.

Staff development seminars held on Friday afternoons following a buffet lunch and regular consultations with other team members are seen as vital components of professional growth. Staff development sessions to date have included:

- (i) Staff motivation and aspirations.
- (ii) Visual testing with the Orthorater.
- (iii) CMI in IMP (Maths).
- (iv) N.E.E.D. Centre and the possibilities of the PDP 11T/34 computer.
- (v) A language development programme for retarded children using parents as therapists.
- (vi) The evaluation of children's human figure drawings.
- (vii) Operation and maintenance of VTR equipment.

Team members have also taken part in in-service workshops for teachers, addressed a hospital/medical staff seminar, addressed P.&C. meetings, and principal's conference and a hospital rehabilitation staff seminar, and given papers at conferences. Further invitations have been accepted even though such activities are major encroachments on scarce time. Team members believe that our procedures are sharpened, field work is more effectively carried out and better referrals are made when the scope, resources, management strategies and personalities of team members are more familiar to people in the region served by the Centre.

3. Consultation

As already indicated, consultation among team members and with all parties having a direct interest in the progress of a given case, is a vital component of N.E.E.D. Centre's work. As a resource centre, consultation also inevitably encompasses literature searches, formal and informal advice on materials, equipment and programmes and, as required, occasional assistance with assessment, case work and/or monitoring. With the development of an on-line link to the PDP 11T/34 computer at the Centre for Behavioural Studies in Education at U.N.E., the installation of videocassette recording equipment, a microfiche reader and static display teaching materials, this component of Centre operation will increase.

4 Early Intervention Programmes

Current staff members share a strong interest in early intervention work.³ Since early 1976, approximately 30% of case referrals have been for assistance to infants and pre-schoolers. A wide range of behaviour, language and developmental problems have been presented. It is clearly apparent in our work with developmentally handicapped youngsters, that parental support is a vital component. By means of a regular appointment with parent(s) and child, programming for subsequent parent-conducted sessions and data-collection plans are "contracted" to try to accelerate progress in all areas of the child's development.⁴

Because of the inevitable long-term nature of early intervention for developmentally handicapped infants, N.E.E.D. Centre professional staff are evolving materials, programmes and organizational strategies which enable intense, initial involvement to be progressively diminished until a predominantly monitoring, advisory role can be sustained. The need for professional support staff in the field becomes apparent when this strategy is adopted.

Serious shortcomings have been revealed in the availability and/or level of training among support services. There is an urgent need for accountability-based resource teacher services, and for well qualified speech therapists, social workers, mental health counsellors, mental retardation counsellors, child psychologists, paediatricians and school/community nurses throughout the New England Region.

Referral, intervention and data-based monitoring strategies are still evolving and the Centre is attempting to refine procedures with the assistance of related professionals from the Queenscliff Diagnostic Unit.

Contributions from academics, professionals and community volunteers are welcomed in an effort to more effectively integrate case work with training, resources and research in the area of early intervention.

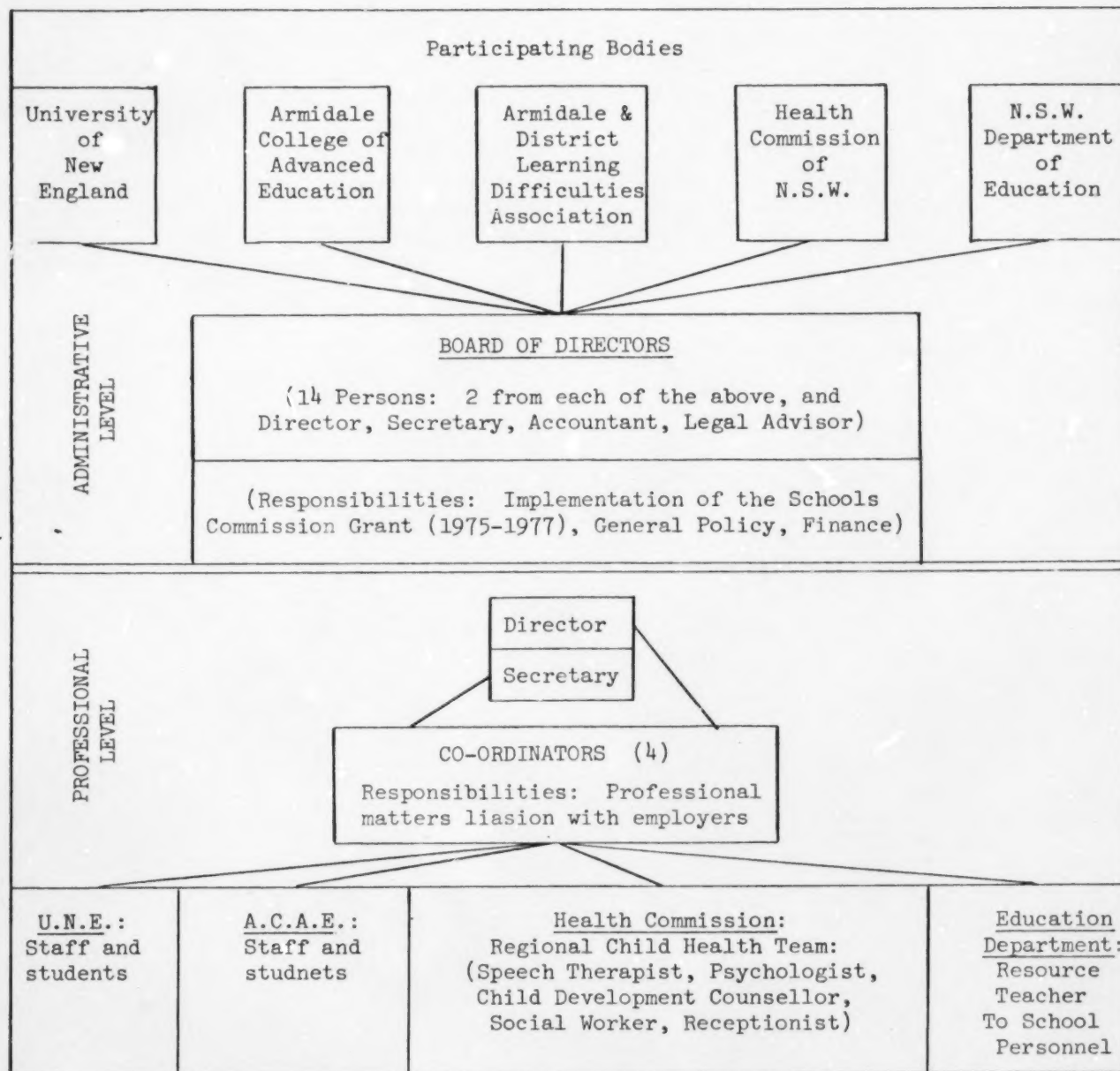
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3. Consultations with Sheila Fox and Norris Haring (Seattle), Bernie Thorley, Moira Pieterse, Jim Ward (Macquarie University), Peter Mittler (Manchester), Graham Clunies-Ross (Preston Institute), John Irvine (Toowoomba), Roger Rees (Canberra), Don Fitzgerald and Donald Menzies (Armidale), have been influential in this regard.
 4. During 1976, the P-A-C Charts (Gunzburg, 1963-1975), the Gesell scales (Knoblock & Pasamanick, 1974), the Language Manual (Rees, 1975), and the Portage Project materials (Weber et al., 1975) have been used to evolve appropriate testing/tutoring sequences. Other programmes will be considered when materials arrive (e.g. B.C.P., E.I.D.P.)

APPENDIX A

NEW ENGLAND EDUCATIONAL DIAGNOSTIC CENTRE

Management Responsibilities

1976



APPENDIX B
Board of Directors

1976

Professor Peter Elkin (U.N.E.)	Chairman
Professor Don Fitzgerald (U.N.E.)	Deputy Chairman
Mr. Bill Arkins (A.C.A.E.)	Director: N.E.E.D. Centre
Dr. Jim Irvine (U.N.E.)	Secretary: N.E.E.D. Centre
Mr. Howard Newell	Treasurer
Mr. Ian Johnstone	Legal Adviser
Mrs. Fay Morris-Yates (Schools Commission Grantee)	> A.D.L.D.A. Representatives
Mrs. Jane Purkiss	
Mr. David Maher (Deputy Regional Director)	> N.S.W. Department of Education Representatives
Mr. Bill Summers (District Inspector of Schools)	
Dr. Pat van de Linde (Regional Director)	> Health Commission of N.S.W. Representatives
Matron Peg Fletcher (A. & N.E. Hospital Matron)	
Mr. Patrick Leary (Principal: A.C.A.E.)	> Armidale C.A.E. Representatives
Dr. Alan Kerr	

APPENDIC C

Professional Staff

1976

1. Full-Time Staff

Ellen Green	Receptionist/Typist (Health Commission)
Margaret McNiven, B.Sc.,M.A.Ps.S.	Child Psychologist (Health Commission)
Diana McGregor, B.A.	Child Development Counsellor (Health Commission)
John Mumford, B.A.(Hons), Ph.D.	Resource Teacher (N.S.W. Dept. of Education)
Lynne Philp, B.Sp.Th., M.A.A.S.H.	Speech Therapist (Health Commission)

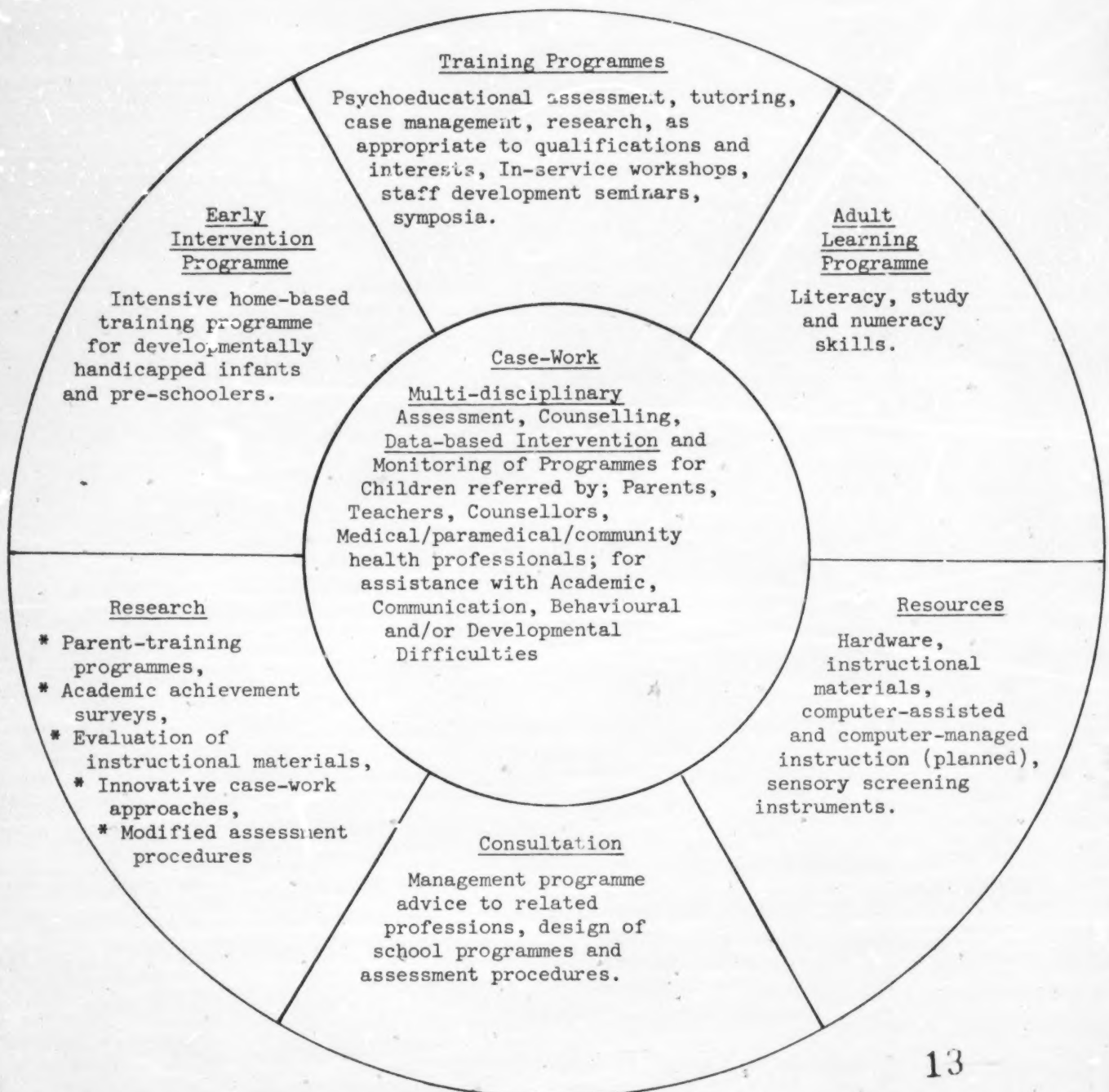
2. Part-Time Staff

Bill Arkins, B.A.(Hons), M.A.Ps.S.	Director of the Centre
Judith Dollission, B.A.(Hons), Dip.Ed.	Parent Training Programme
Shirley Gould, B.A.,Dip.Soc.Stud.	Social Worker (Health Commission)
Robert Hadfield, B.A.,Dip.Ed.	District School Counsellor
Jim Irvine, B.A.,M.Ed.,Ph.D.,M.A.Ps.S.	Secretary and Research Co-Ordinator
Kerry McGrath, B.A.,Dip.Ed.	District School Counsellor
Donald Menzies, M.B.,Ch.B.,Ph.D., F.R.A.C.Path	Health Commission Co-Ordinator
Brian Preen, B.A.,Litt.B.,M.Sc.	Adult Programmes Co-Ordinator
Bill Summers, M.A.,M.Ed.	Education Department Co-Ordinator

APPENDIX D

NEW ENGLAND EDUCATIONAL DIAGNOSTIC CENTRE

PROGRAMMES: 1976



5. Research

At this early stage, research productivity has been minimal. Current/planned projects include:

- (a) The development of testing and/or teaching sequences in:
 - (i) mathematics;
 - (ii) "cloze" comprehension;
 - (iii) sight vocabulary;
 - (iv) auditory perception;
 - (v) infant audiometry;
 - (vi) language and speech.
- (b) The management of behaviour problems in children by guided parent-intervention programmes.
- (c) Curriculum materials evaluation:
 - (i) The Peabody Rebus Reading Scheme;
 - (ii) S.R.A. Reading materials in precision teaching.

III Proposed Developments of the Centre

- (a) The completion of outstanding building, furnishing, soft-furnishing and interior decoration jobs is a priority need, whenever funds, time and assistance are forthcoming.
- (b) Full use of the Decwriter terminal is a major commitment. This facility will enable the development of client data files, on-line gaming and simulation packages, diagnostic programming, CMI materials, and data processing. At a future date, field work using a mobile van can be incorporated.
- (c) Increasing involvement of medical and paramedical professionals in the work of the Centre is currently being explored. This link is seen as very important to the Centre's development.
- (d) The development of video-tape, audio-tape, microfiche, library, curriculum, toy library and teaching resources will be ongoing.
- (e) N.E.E.D. Centre is an active, emerging facility which tries to combine service to exceptional children with training, consultation and research components. It is hoped that its inevitable growth will not stifle its co-operative functioning, high staff morale and co-ordinated provision of services currently highlighting its operation.

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